



BOROUGH OF LISKEARD

THE
ANNUAL REPORT
OF THE
MEDICAL OFFICER OF HEALTH
FOR THE YEAR
1964

P.J. FOX, M.B., B.Ch., B.A.O., D.P.H.



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TO THE MAYOR, ALDERMEN, AND COUNCILLORS OF THE CORPORATION OF THE
BOROUGH OF LISKEARD

Your Worship, Ladies, and Gentlemen,

As has been the case for many years, changes in the population of No. 7. Health Area were relatively small and insignificant in 1964. Small reductions in St. Germans R.D. and Liskeard M.B. were offset by small increases in the other four County Districts, resulting in an overall increase in the Health Area population from 50,340 in 1963 to 50,820 in 1964.

The corrected birth rate showed a further increase to 18.8 per 1,000, of population which again brought it above the national rate. Still births at 11 were identical with last years figure, and the rate here was below the national rate. Deaths at 674 were below the 1963 figure, but the corrected rate per 1,000 of the population was slightly above the rate for England and Wales. The excess of live births over deaths was 90. For the third successive year there were no maternal deaths. The figure for deaths of infants under one year of age was up on the 1963 figure, but the rate per 1,000 live births was still fractionally below the national rate. Of the 15 infants who died, 7 failed to survive the first critical week of life and a further 3 lived less than four weeks.

In 1962 I commented briefly on rate of illegitimate births in the Health Area which in that year represented 5.6 per cent of all live births, and had not increased noticeably above the average for the previous 13 years. In 1963 the rate fell slightly to 5.4% but in 1964 there was a sharp increase to 8.1%. The 62 illegitimate births registered meant that one child in every twelve born started life with this social handicap.

Of the 674 deaths registered in 1964 heart disease was responsible for 271, strokes caused 120, and 111 were caused by cancer. Of the defined forms of heart disease that form affecting the coronary arteries of the heart itself caused 123 deaths. Amongst the defined forms of cancer that affecting the lung and windpipe was most prevalent causing 16 deaths. Cancer of the stomach was almost as prevalent and caused 15 deaths. There was a sharp reduction in the mortality from breast cancer which in 1964 caused only 6 deaths. Of those who died during 1964 some 49 per cent had reached or exceeded the age of 75 years at the time of death, whilst a further 27 per cent were between 65 and 74 years of age at the time of death.

The incidence of notifiable disease (other than tuberculosis) was very light during the year when 139 cases only were notified. The most prevalent of this group of diseases was measles, of which there were 84 cases occurring mainly in the St. Germans and Liskeard Rural Districts. Of the more serious forms of notifiable disease there were two cases of meningitis and one of meningococcal infection, but none of these had a fatal outcome or serious after-effects.

Although the incidence of notifiable diseases other than measles has tended to decline in recent years there has been an increase in minor forms of illness which are almost certainly infectious in character. Of these one of the more prevalent, and troublesome is a type of epidemic vomiting and diarrhoea. This appears to involve mainly children in the lower school age group i.e. between the ages of 5 and 8 years but older children and adults are by no means immune. The cause is not known but is believed to be a virus. The infecting agent may spread through the material vomited, the stools, or from the mouth, nose, and throat in much the same way as the common cold. Whilst personal hygiene is helpful in limiting the spread of infection the fact that much of the dissemination of the infecting agent is from the upper respiratory tract makes really satisfactory control virtually impossible. Happily the disease is of short duration, and not usually severe particularly in children and it represents more of a nuisance than any real danger to health. In some older children and in adults the attacks tend to be more severe. In addition to this type of epidemic illness affecting the gastro-intestinal system one also hears of, and sees a fair amount of vague influenza - like illness, some of which may of course be true influenza virus infection, but much is probably due to a variety of other viruses which have been discovered in the last decade. It is fortunate that most of these infections are of a mild nature since most of the drugs currently available for treating them are not very effective.

Another difficulty in dealing with these infections is the comparative lack of facilities for isolating and identifying the agent responsible. The techniques and equipment for working in the laboratory with viruses are still being developed and evolving and are currently available to any extent outside the larger laboratories and research centres. They will of course eventually be made available more widely, but until this is the case much of our opinions must continue in the realm of speculation.

If one looks at a graph or diagram charting the incidence in this Health Area of newly notified cases of tuberculosis over the past 17 years there is no doubt that a gradual fall in incidence is clearly in evidence. This overall reduction is not however in the nature of a smooth, and continuous downward gradient but shows more of a spiky hill and dale outline. Thus a year of very low incidence is frequently followed by a year or two of rising incidence followed in turn by a further fall in incidence. In 1963 the rate fell to a new low level of 0.22 per 1,000 of population, to be followed in 1964 by a noticeable rise to 0.37 per 1,000 of population. Of the 19 new cases coming to light during 1964, no less than 13 were in people aged 45 years or more. This serves to reinforce the current belief that the main reservoir of tuberculous infection is probably in the middle-aged and elderly section of the community, and especially in males in these age groups. In such cases it is not infrequently associated with and possibly masked by the "English disease" - chronic bronchitis. Difficulties of diagnosis are aggravated by lack of interest if not overt resistance to the diagnostic facilities made available by the Mass Radiography Service on the part of people, and more particularly males, in the older age groups. Relatively low rates of tuberculin sensitivity amongst 12 year old schoolchildren were again found in 1964 when the rate was 5.1 per cent of 507 children who had the test applied and subsequently read. This indicates that the majority of children up to this age are escaping contact with tuberculous infection, and suggests that there is some reduction in the size and extent of the pool of unknown tuberculous infection. In this connection it is interesting to note that as recently as 1954 children only slightly older were showing a positive reactor rate of 14.3 per cent.

There were three deaths attributed to tuberculosis during the year. Of these two were chronic sufferers whose disease had not responded to a variety of treatments. The other of a 65 year old woman, was only discovered as a result of an autopsy carried out.

The welfare of elderly people, especially those living alone, and those living in old houses and cottages lacking amenities, continued to pose problems and cause anxiety. In a great many instances the Home Help Service did valuable work in enabling old people to continue to live at home. This arrangement is not only humane, but imposes much less of a financial burden on the general body of ratepayers and taxpayers. There are however limitations to the extent and type of home help which can be provided to allow old persons to continue to live at home, and in such cases, and there are many of this type, the only satisfactory solution is admission to a County Council home for old people. In spite of extra provision which has been made in recent years the demand for places in such homes still outstrips the supply with the result that waiting lists, and some system of priorities in selecting people for admission are inevitable. At present the County Council provides some 145 welfare places in homes in this Health Area. Of these 74 are in Lanellion Hospital, Liskeard, 35 at Polvellan House, Looe and 36 at St. Annes, Saltash. The County Council is under an obligation to the Hospital Management Committee to vacate the accommodation now in use at Lanellion Hospital Liskeard, and to replace the 74 places now available there, and provide some additional places it is proposed to provide two 48 place homes - one at Liskeard, and one at Callington. This new provision is scheduled for the financial year 1966/67, and the provisional capital cost of each home was estimated in 1964 at £82,000 or £1,700 per place provided. Whilst all concerned with the welfare of old persons would wish to see more generous provision of places in homes it is an inescapable fact that such provision represents a heavy financial burden on the community. If these difficulties are appreciated and seen against the larger picture of demands for better educational facilities, more and better hospital accommodation, increases in housing provision, more direction of resources into the solution of traffic congestion, then those concerned, and their relatives may be more tolerant of some delay in solving the problem of caring for old persons.

Recent outbreaks of enteric fever in this country have caused much concern and have underlined the need for higher standards of food hygiene. In this field the most important and usually the most faulty element is the human food handler. It is true that mal-functioning, badly maintained equipment can harbour and spread food poisoning infection. In the majority of outbreaks of illness contracted from food the principal culprit is the food-handler whose

standards of personal cleanliness are either indifferent or downright bad. The food Hygiene Regulations require the provision of adequate washing facilities but no regulation nor any amount of normal reasonable supervision can ensure that a careless employee makes use of such facilities. So often the human links in the chain to prevent infection of food are the weak ones which fail, and set at naught or seriously reduce the value of good premises and equipment. In saying this I would not wish the inference to be drawn that there are no deficiencies in the surroundings and equipment associated with the storage, display and handling of food. The most striking deficiency in the majority of establishments dealing with food is the absence or inadequacy of cold storage and cold display facilities. Refrigerated display counters for foods such as cooked meats, meat pies, and other items of food which are consumed without further cooking are still conspicuous by their absence, even in large stores where large amounts of such foods are stocked and sold. Too often one sees such items displayed in windows or on open counters where they are subject not only to infecting agents present in the air, and dust which surround them, but also to the higher ambient temperature which favours the growth and rapid multiplication of harmful bacteria, and moulds. I feel that in shops handling these foods, and indeed for those selling confectionary, and that noted West of England delicacy - clotted cream - such provision is to be regarded as something which a good well-run food store should not be without.

There has not been a great deal of activity in the field of local authority housing, nor have any large scale slum clearance schemes come forward during 1964. The heaviest demand for Council house tenancies is found in the urban districts notably at Saltash and Torpoint, where sizeable waiting lists are the rule, the position being rather easier in rural areas. Further provisions of houses specially designed to suit the needs of elderly persons has been made, and there appears to be no difficulty in finding tenants for such dwellings when they are completed. Many older dwellings have been saved from closing on demolition by the operation of improvement grant schemes. Provided such houses are structurally sound reasonably free from dampness, and have some space around them, they can be made into attractive and comfortable homes by the expenditure of a fraction of what would be required to provide the equivalent in living accommodation and amenities in a newly-built house. The extension of main water supplies, and sewerage and sewage disposal schemes into rural localities has done a great deal to encourage owners of older properties to take advantage of improvement grant schemes.

The piped water supplied by the East Cornwall Water Board has been of satisfactory quality, and has been generally adequate in quantity throughout the year. Local difficulties did occur from time to time due almost entirely to old and/or inadequate distribution mains. The Board is working to a programme for the renewal of such inadequate distribution arrangements, but this will have to be spread over a period of some years, and until it is completed wholly satisfactory supplies will not be possible in certain localities. Over and above the local difficulties the total amount of water available from the two main sources at Trekeive Steps and at Bastreet is only just sufficient to meet present demands, and I am glad to know that the Board has been given authority to proceed with a scheme to impound and store a large amount of water by means of a dam to be constructed in a moorland valley at Sibillyback to the north of Liskeard.

By the end of the year permission - so long awaited - had been given for a start to be made on the scheme for sewage disposal in the Borough of Liskeard. This when completed will remove a major source of pollution of what is otherwise a pleasant inland river. Further schemes are in hand or have been completed in the Liskeard and St. Germans Rural Districts, and in the Liskeard Rural District the position has now been reached where relatively small communities in hamlets are being provided with proper means of sewage disposal - a far cry from the primitive and thoroughly unsatisfactory state of sanitation which existed as recently as 10 - 12 years ago. At the principal holiday resort in this Area - Looe - the unsatisfactory and objectionable method of discharging crude sewage into the river continues, and at the time of writing I am not aware of definite proposals to remedy this unpleasant state of affairs. As long ago as 1949, soon after my appointment as Medical Officer of Health, I wrote my first adverse comment on the arrangements, or rather the lack of them, for sewage disposal at Looe. In each succeeding annual report over the past 15 years I have repeated this critical comment and am sorry to have to again do so in 1964. By contrast with other parts of the Health Area where progress in providing modern methods of sewage disposal has been proceeding steadily the position at Looe is becoming yearly more difficult to defend and justify.

The disposal of household and trade refuse presents a problem which continues to grow from year to year. Allied to an increase in the volume of refuse is the difficulty in finding suitable sites for disposing of it. Moreover the present generation is apt to take a more critical view of disposal methods and the day to day management of refuse tips. I do not quarrel with this attitude since a badly sited, and inefficiently managed tip can without doubt be a source of considerable nuisance to those living and working in the vicinity of the tip. If however, these higher standards are to be achieved and maintained members of District Councils, and ratepayers will have to come around to the realisation that more money will have to be spent on this service, and I am glad to see that most Councils when faced with this problem have accepted the necessity for this.

In concluding this general preface I should like to thank the Members and the Officers of all six District Councils in the No. 7. Health Area for the understanding and help they have given me during the year.

I have the honour to be.

Your Worship, Ladies, and Gentlemen,

Your obedient Servant,

P.J. FOX

Medical Officer of Health.

LISKEARD BOROUGH COUNCIL

HEALTH COMMITTEE (1963/64)

Councillor Mrs. E.W.M. Ellam
Councillor T. Lyon

Chairman
Vice-Chairman

HEALTH COMMITTEE (1964/65)

Councillor J. Haworth
Councillor W. Paynter

Chairman
Vice-Chairman

Health Officers of the Authority

Medical Officer of Health

P.J. Fox, M.B., B.Ch., B.A.O., D.P.H.

Health Area Office,
West Street,
Liskeard,
Cornwall.

Telephone - Liskeard 3373

Chief Public Health Inspector

R.C. Decent, M.A.P.H.I.

Additional Public Health Inspectors

J. Andrews, M.A.P.H.I.
B. Straw, M.A.P.H.I.
D. Mitchell, M.A.P.H.I.

Commenced May, 1964: Resigned June, 1964
Commenced August, 1964.

Office Staff

Miss P.M. Cowling

Council Offices,
West Street,
LISKEARD,
Cornwall.

Telephone - Liskeard 3177

BOROUGH OF LISKEARD

Area of Borough	2,704 acres
Population (Registrar-Generals Estimate)	4,530
Number of Inhabited Houses	1,636
Rateable Value	£147,239
Product of Penny Rate	£ 586

Vital Statistics for 1964

	<u>Male</u>	<u>Female</u>	<u>Total</u>
Live births	38	29	67

	<u>Liskeard M.B.</u>	<u>Health Area No. 7</u>	<u>England & Wales</u>
Birth rate per 1,000 of population	17.8	18.8	18.4

	<u>Male</u>	<u>Female</u>	<u>Total</u>
Still births	1	-	1

	<u>Liskeard M.B.</u>	<u>Health Area No. 7</u>	<u>England & Wales</u>
Still birth rate per 1,000 total births	14.7	14.2	16.3

	<u>Male</u>	<u>Female</u>	<u>Total</u>
Deaths	29	50	79

	<u>Liskeard M.B.</u>	<u>Health Area No. 7</u>	<u>England & Wales</u>
Death rate per 1,000 of population	8.4	11.7	11.3

	<u>Male</u>	<u>Female</u>	<u>Total</u>
Deaths of infants under one year of age	-	1	1

	<u>Liskeard M.B.</u>	<u>Health Area No. 7</u>	<u>England & Wales</u>
Infant mortality rate per 1,000 live births	14.9	19.6	20.0

Maternal deaths None registered

Principal Causes of Death at All Ages

Heart Disease	31
Stroke	27
Cancer (all sites)	10
Respiratory disease	4

Infectious Disease

The incidence of infectious disease was again extremely light during 1964 when the total cases notified was only 9. One of these cases was of miningoencephalitis following an attack of influenza in 4 year old boy.

The following are numbers and case rates of notifiable disease during the year 1964:-

<u>Disease</u>	<u>Cases</u>	<u>Case rate per 1,000 of population</u>	
		<u>Liskeard M.B.</u>	<u>Health Area No. 7.</u>
Measles	5	1.10	1.65
Pneumonia	1	0.22	0.47
Meninigitis	1	0.22	0.04
Dysentory	1	0.22	0.04
		<u>Rate per 1,000 total births</u>	
Puerperal pyrexia	1	14.71	5.16

BOROUGH OF LISKEARD

Tuberculosis There was some reduction in the number of new cases notified from 4 in 1963 to 3 in the year under review. Two of these were respiratory infections, and one was a non-respiratory infection, all were males, and two of the cases involved persons in the upper age groups. There were no deaths attributed to tuberculosis during the year.

The following are details of new cases and case rates for tuberculosis in the Borough:-

<u>Age Group</u>	<u>New Cases</u>	
	<u>M.</u>	<u>F.</u>
0 - 4	-	-
5 - 14	-	-
15 - 24	1	-
25 - 44	-	-
45 - 64	1	-
65 and over	1	-
	-	-
	3	-
	=	=

	<u>Rate per 1,000 of population</u>	
	<u>Liskeard M.B.</u>	<u>Health Area No. 7</u>
New cases	0.66	0.37
All known cases	7.06	3.90
Deaths	-	0.06

At the end of 1964 there were 27 known cases of respiratory tuberculosis, and 5 known cases of non-respiratory tuberculosis resident in the Borough.

National Assistance Act, 1948 No action under Section 47 of this Act was called for during the year.

Water Supply An adequate supply of wholesome water was available from the East Cornwall Water Board mains in almost all parts of the Borough.

Sewerage and Sewage Disposal Appropriate consents to the implementation of a comprehensive scheme of sewage disposal were received from the Ministry of Housing and Local Government during 1964. Towards the end of the year the Council accepted a tender for carrying out the scheme and it is now certain that sewer laying and constructional work will commence in 1965.

Food Meat inspection duties at the large slaughterhouse at Addington continue to absorb a great deal of the Public Health Inspectors' time, and leave correspondingly less time for routine inspections of food premises, and the taking of food samples. Reasonable standards have been maintained in catering establishments and food premises during the year, and no cases of food poisoning have been notified.

Factories Act, 1961 No difficulties in the operation of this Act were experienced during 1964.

Report of Chief Public Health Inspector This report by Mr. R.C. Decent follows. I should like to put on record my thanks to Mr. Decent and his colleagues for the help I have received from them during the year.

ANNUAL REPORT OF THE CHIEF PUBLIC HEALTH INSPECTOR

FOR THE YEAR ENDED 31st DECEMBER, 1964

TO: The Mayor, Aldermen and Councillors of the
 Corporation of the Borough of Liskeard

Your Worship, Ladies and Gentlemen,

For the second year in succession the establishment of three public health inspectors was depleted for several months. As a result there was a reduction in the number of routine visits to food establishments and other business premises. 100% meat inspection was maintained although staff sickness in August prevented this being carried out by public health inspectors and a local veterinary surgeon was employed.

It is disappointing to report that very few older dwellings were improved during the year, despite the amount of publicity given to improvement grants. It may be that some tenants in houses lacking amenities prefer to (a) obtain Council accommodation (fortunately the waiting list is not a very big one) or (b) stay where they are, without improvements at a low rent.

The year was also notable for the acceptance by the Ministry, of the long awaited sewerage scheme for the town, and the contract was signed in December, 1964 - six years after the public inquiry into the scheme.

I am,
Your obedient servant,

R.C. DECENT

Chief Public Health Inspector

1. WATER SUPPLIES

The Borough's mains water, which is supplied by the East Cornwall Water Board, was satisfactory throughout the year.

A few of the outlying dwellings are not on the mains. Samples of private water supplies were obtained for bacteriological examination as follows:-

Satisfactory	8
Unsatisfactory	7

Where unsatisfactory results were obtained the owners and occupiers were advised on measures to improve the quality of their water supplies.

2. SEWERAGE AND SEWAGE DISPOSAL

The main sewerage and sewage disposal scheme for Liskeard at last received Ministerial consent in 1964. In approving the scheme, the Ministry agreed with the recommendations of the Consulting Engineers in respect of the wool scouring wastes from the Wool Factory. This recommendation was that the wool factory should provide such treatment as was necessary to improve the effluent to acceptable standards. Acceptance of the greasy scouring wastes, untreated, would have prejudiced satisfactory treatment of the town's sewage.

At the end of the year the Council accepted a tender for the carrying out of the main scheme, and the contractors commenced work in the Spring of 1965.

3. HOUSING

Unfit Property

Very little action was necessary during the year, as many properties had been dealt with in 1963.

A number of unoccupied unfit dwellings had not been demolished following the confirmation of clearance orders, and the rehousing of the tenants. The Council resolved to take action in default.

Improvement Grants

(a) Discretionary

Applications approved	7
Amounts of grants approved	£1,433 18 7

(b) Standard

Applications approved	6
Amount of Grants paid	£377

New Houses Completed

(a) Local Authority Housing

The number of houses completed at Lake Lane Estate during the year were:-

3 Bedroomed houses	2
2 Bedroomed houses	2
Old people's bungalows	12

(b) Private Housing

Number completed	14
Number started	20

4. BUILDING INSPECTIONS

127 applications were received in respect of building proposals.

New buildings are inspected a minimum of five times during construction, i.e. excavation and foundations, at damp course level, for drainage and on completion. In many cases extra visits are necessary. There was some slackness on the part of certain builders who neglected to give prompt notification when inspections were required, but notification improved later in the year, after appropriate warnings.

Another point, worthy of note, was the amount of action required, in some cases, to secure the remedy of faults in new work. In one case, that of a small bungalow, more than a dozen inspections were necessary in respect of drainage alone, before the installation could be passed as satisfactory.

This state of affairs illustrates the extent to which the building industry was stretched during 1964. Many builders did not have enough satisfactory labour to complete all the orders they accepted; and certain individuals obtained sub-contracts (from builders and developers) although they did not have the necessary skilled labour and/or resources to carry out the work properly.

5. PUBLIC CLEANSING

The Council operates a weekly collection service with extra collections for business premises.

Disposal is by controlled tipping. Difficulties were experienced at times during bad weather and due to breakdowns (mainly punctures) to the tractor. At the end of 1964 the Council agreed to purchase a new crawler tractor for the tip.

Little difficulty was experienced in acquiring sufficient soil for covering the refuse.

Treatments for rat and fly control were carried out at the refuse tip.

6. PEST CONTROL

The extent of rodent infestation in Liskeard continued at a low level. Two of the Council's manual staff are trained operatives and available for this work whenever required.

The following treatments were carried out:-

Private dwellings	26	
Council dwellings	5	
Business premises	4	
Refuse tip	8	
Sewerage system	2	
including outfalls		(comprising 305 man hours)

A few complaints of insect infestation were received and dealt with.

7. INSPECTION AND SUPERVISION OF FOOD AND FOOD PREMISES

Less time was given to the inspection of food premises than in previous years as the establishment of three public health inspectors was one below strength for eight months of the year.

The inspections carried out did not result in the need for drastic action in any case.

Food vehicles belonging to itinerant traders were inspected, and improvements obtained where necessary.

Five samples of ice cream were taken for bacteriological examination, one sample was unsatisfactory being classified in Grade III. Suitable advice was given to the dealer.

Approximately 250 lbs. of miscellaneous foodstuffs (mainly canned articles) were voluntarily surrendered by food businesses. Arrangements were made for the unfit food to be destroyed.

8. MEAT INSPECTION AND SUPERVISION OF SLAUGHTERHOUSES

After many years of increased kill in Liskeard, the number of animals slaughtered declined slightly in comparison to the previous year. However, this was the first full year of operation under the Meat Inspection Regulations, 1963 and approximately 30% extra time is necessary to inspect each animal and to stamp the carcass in accordance with the regulations.

Some difficulty was experienced in ensuring full compliance with the Meat (Staining and Sterilization) Regulations but this was resolved.

One anomaly in the Regulations, appears to be the different requirements for the disposal of unfit meat from knackery yards as compared to its disposal from slaughterhouses. Unsound meat from slaughterhouses can only be diverted for animal food if it is sterilised, whereas knacker's meat need not be sterilised, but can be sold for animal food providing it is stained.

LISKEARD BOROUGH COUNCIL

ANIMALS INSPECTED AND CONDEMNED - MEAT INSPECTOR'S REPORT FOR THE
YEAR ENDING 31st DECEMBER, 1964

	Cattle Excluding Cows	Cows	Calves	Sheep and Lambs	Pigs
Number Killed in 1963	3963	1398	507	38961	30818
Number Killed in 1964	3142	752	324	35894	32639
Number Inspected in 1963	3963	1398	507	38961	30818
Number Inspected in 1964	3142	752	324	35894	32629
<u>All Diseases except</u> <u>Tuberculosis and Cysticerai</u>					
Whole carcasses condemned	49	15	37	275	165
Carcasses of which some part or organ was condemned	898	333	14	2889	3369
Percentage of the number inspected affected with Disease other than Tuberculosis and Cysticerai	30.1%	46.3%	15.7%	8.8%	10.8%
<u>Tuberculosis only</u>					
Whole carcasses condemned	2	-	-	-	-
Carcasses of which some part or organ was condemned	29	8	-	4	-
Percentage of the number inspected affected with Tuberculosis	.99%	1.06%	-	.01%	-
<u>Cysticercosis</u>					
Carcasses of which some part or organ was condemned	4	-	-	-	-
Carcasses submitted to treatment by refrigeration	4	-	-	-	-
Generalised and totally condemned	-	-	-	-	-
Percentage of the number inspected affected with Cysticercosis	.13%	-	-	-	-

Total weight of meat condemned:- 48 tcns 6 cwt. 3 qtrs. 16 lbs.

9. MISCELLANEOUS

The onset of the Offices, Shops and Railway Premises Act added to the duties of the public health inspectors. In all 114 applications were received for registration and were duly registered. General advice on the Act was given to all persons who registered but routine inspections of premises was not commenced in 1964.

Caravans merit very little attention in Liskeard as there are only three licensed sites comprising four caravans. Itinerant caravans sometimes overstay their period of grace, but informal action normally has the desired result. However, one illegal caravan site was created during the year and the occupier announced his intention to stay come what may. At the end of the year the Council resolved to prosecute the occupier under the Caravan Sites and Control of Development Act, 1960 and to support any enforcement action by the Cornwall County Council, the Planning Authority.

Public mortuary facilities in the district and the adjoining districts have not been very satisfactory. It is pleasing to report that my Council, together with the Liskeard Rural and Looe Urban District Councils have worked together to resolve this lack. A public mortuary, to be sited at Liskeard, was designed by Liskeard Borough Health and Surveyor's staff and work commenced on the contract in 1964.

APPENDIX 1.

PRINCIPAL CAUSES OF DEATH - ALL AGES - 1964

DISEASE	ST. GERMANS R.D.	LISKEARD R.D.	SALTASH M.B.	TORPOINT U.D.	LISKEARD M.B.	LOOE U.D.	HEALTH AREA NO. 7.
Heart disease	70	89	36	17	31	28	271
Stroke	31	26	20	12	27	4	120
Cancer (all sites)	31	24	24	13	10	9	111
Respiratory disease	19	10	7	6	4	2	48
Circulatory disease	8	6	3	7	2	2	28
Accidents	4	4	4	1	1	2	*16
Digestive disease	4	2	2	1	-	2	11
Suicide	2	4	1	1	-	-	8
* Includes 5 motor vehicle accidents.							

APPENDIX 2.

TYPES OF HEART DISEASE AND CANCER CAUSING DEATH - 1964

TYPE OF DISEASE	ST. GERMANS R.D.	LISKEARD R.D.	SALTASH M.B.	TORPOINT U.D.	LISKEARD M.B.	LOOE U.D.	HEALTH AREA NO. 7.
Coronary disease angina	37	33	18	13	9	13	123
Hypertension with heart disease	5	4	2	1	3	2	17
Other heart disease	28	52	16	3	19	13	131
Cancer of lung and bronchus	3	3	5	3	1	1	16
Cancer of stomach	6	3	3	3	-	-	15
Leukaemia	1	-	1	2	2	1	7
Cancer of breast	4	-	1	-	1	-	6
Cancer of uterus	-	1	2	-	2	-	5
Other Cancers	17	17	12	5	4	7	62

APPENDIX 3.

DEATHS BY AGE GROUP - 1964

DISTRICTS	0 - 4 YEARS	5 - 14 YEARS	15 - 44 YEARS	45 - 64 YEARS	65 - 74 YEARS	75 YEARS AND OVER	ALL AGES
ST. GERMANS R.D.	2	-	7	34	52	90	185
LISKEARD R.D.	9	1	7	37	54	78	186
SALTASH M.B.	6	-	1	23	27	51	108
TORPOINT U.D.	1	-	2	11	24	25	63
LISKEARD M.B.	1	-	1	9	20	48	79
LOOE U.D.	-	-	2	8	8	35	53
HEALTH AREA NO. 7.	19	1	20	122	185	327	674

APPENDIX 4.

TUBERCULOSIS
NEW CASES AND DEATHS IN HEALTH AREA NO. 7. - 1964

<u>AGE GROUP</u>	<u>NEW CASES</u>		<u>DEATHS</u>	
	<u>M.</u>	<u>F.</u>	<u>M.</u>	<u>F.</u>
0. - 4 YEARS	-	-	-	-
5 - 14 YEARS	2	-	-	-
15 - 24 YEARS	1	-	-	-
25 - 44 YEARS	1	2	-	1
45 - 64 YEARS	8	1	1	-
65 YEARS AND OVER	1	3	-	1
	<u>13</u>	<u>6</u>	<u>1</u>	<u>2</u>

	<u>MALES</u>	<u>FEMALES</u>	<u>TOTAL</u>
NEW CASE RATE PER 1,000 OF POPULATION	0.25	0.12	0.37
MORTALITY RATE PER 1,000 OF POPULATION	0.02	0.04	0.06

CASE RATES AND MORTALITY RATES PER 1,000 OF POPULATION IN THE
SIX COUNTY DISTRICT IN HEALTH AREA NO. 7. -1964

<u>DISTRICT</u>	<u>NEW CASES</u>	<u>ALL KNOWN CASES</u> <u>AT 31.12.64</u>	<u>DEATHS</u>
ST. GERMAN'S R.D.	0.21	3.31	0.21
LISKEARD R.D.	0.30	3.20	-
SALTASH M.B.	0.13	3.37	-
TORPOINT U.D.	0.15	4.02	-
LISKEARD M.B.	0.66	7.06	-
LOOE U. D.	1.78	5.58	-
HEALTH AREA NO. 7.	0.37	3.90	0.06
CORNWALL COUNTY	0.33	5.51	0.06

APPENDIX 5.

CANCER OF THE LUNG AND BRONCHUS
DEATHS BY AGE GROUP - 1964

<u>AGE GROUP</u>	<u>MALES</u>	<u>FEMALES</u>
45 - 54 YEARS	1	-
55 - 64 YEARS	6	1
65 - 74 YEARS	5	1
75 YEARS AND OVER	1	-

PLUS 1 FEMALE IN 35-45 YEAR GROUP

DEATH RATE PER 1,000 OF POPULATION - 1964

	<u>MALES</u>	<u>FEMALES</u>	<u>TOTAL</u>
HEALTH AREA NO. 7.	0.275	0.039	0.314
CORNWALL COUNTY	0.316	0.072	0.388
ENGLAND AND WALES	0.453	0.082	0.535

FACTORIES ACT, 1937 TO 1959

ANNUAL REPORT OF THE MEDICAL OFFICER OF HEALTH
IN RESPECT OF THE YEAR 1964 FOR THE
BOROUGH OF LISKEARD IN THE COUNTY OF CORNWALL

Prescribed particulars on the Administration of the Factories
Act, 1937

PART I OF THE ACT

1 - INSPECTION FOR Purposes of provisions as to health (including
inspections made by Public Health Inspectors).

Premises (1)	Number on Register (2)	Inspections (3)	Number of Written Notices (4)	Occupiers Prosecuted (5)
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	11	-	-	-
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	41	12	2	-
(iii) Other premises in which Section 7 is enforced by the Local Authority (excluding outworkers' premises).	7	-	-	-
TOTAL	59	12	2	-

2 - Cases in which DEFECTS were found.

Particulars	Number of cases in which defects were found
Want of Cleanliness (S.1)	Nil
Overcrowding (S.2)	Nil
Unreasonable temperature (S.3)	Nil
Inadequate ventilation (S.4)	Nil
Ineffective drainage of floors (S.6)	Nil
Sanitary Conveniences (S.7)	
(a) Insufficient	Nil
(b) Unsuitable or defective	2
(c) Not separate for sexes	Nil
Other offences against the Act (Not including offences relating to Outwork)	Nil
TOTAL	2

PART VIII OF THE ACT
Outworkers (Sections 110 and 111)

No notifications were received in respect of outworkers.

